

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Oregon Right To Life Victory PAC

ADDRESS (number and street)

4335 River Rd North

Check if different
than previously
reported. (ACC)

Salem

OR

97303

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00592303

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y
11 08 2016in the
State of

OR

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 20 2016

through

M M / D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Atteberry, Gayle, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Atteberry, Gayle, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 07 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Oregon Right To Life Victory PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">196249.07</td></tr></table>	196249.07					
Y	Y	Y	Y	Y	Y															
2016																				
196249.07																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">17021.61</td></tr></table>	17021.61																		
17021.61																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">105638.00</td></tr></table>	105638.00							<table><tr><td colspan="6">205318.60</td></tr></table>	205318.60										
105638.00																				
205318.60																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">122659.61</td></tr></table>	122659.61							<table><tr><td colspan="6">401567.67</td></tr></table>	401567.67										
122659.61																				
401567.67																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">38138.76</td></tr></table>	38138.76							<table><tr><td colspan="6">317046.82</td></tr></table>	317046.82										
38138.76																				
317046.82																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">84520.85</td></tr></table>	84520.85							<table><tr><td colspan="6">84520.85</td></tr></table>	84520.85										
84520.85																				
84520.85																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Oregon Right To Life Victory PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	4170.00	6220.00
(ii) Unitemized	101468.00	186098.60
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	105638.00	192318.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	105638.00	205318.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	105638.00	205318.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	105638.00	205318.60

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	22285.68	51137.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22285.68	51137.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	25000.00
24. Independent Expenditures (use Schedule E)	5603.08	229969.14
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	383.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	383.73
29. Other Disbursements (Including Non-Federal Donations).....	10000.00	10556.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38138.76	317046.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38138.76	317046.82

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	105638.00	205318.60
34. Total Contribution Refunds (from Line 28(d))	250.00	383.73
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	105388.00	204934.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	22285.68	51137.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22285.68	51137.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adams, Aaron, , ,

Mailing Address 3491 Edgewood Dr

City
North Bend

State
OR

Zip Code
97459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period

500.00

☐ Memo Item
donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allen, Peter, , ,

Mailing Address 321 NW A Street

City
Grants Pass

State
OR

Zip Code
97526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Peter Allen Land Surveying

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period

500.00

☐ Memo Item
donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aman, Kevin, , ,

Mailing Address 10520 Boehmer Rd NE

City
Mt. Angel

State
OR

Zip Code
97362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wilco Farmerss

Occupation (for Individual)

Agricultural Field Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2016

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period

220.00

☐ Memo Item
donation

SUBTOTAL of Receipts This Page (optional).....▶

1220.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Jack, , ,

Mailing Address 915 Sherwood Pl

City
EugeneState
ORZip Code
97401-1823FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : SA11Al.4663

Amount of Each Receipt this Period

75.00

☐ Memo Item
 donation total \$230.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Armstrong, Carol, , ,

Mailing Address 34821 Seavey Loop Rd

City
EugeneState
ORZip Code
97405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2016

Transaction ID : SA11Al.4605

Amount of Each Receipt this Period

300.00

☐ Memo Item
 donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Becker, Josephine, , ,

Mailing Address 14633 NE Weidler St

City
PortlandState
ORZip Code
97230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2016

Transaction ID : SA11Al.4641

Amount of Each Receipt this Period

300.00

☐ Memo Item
 donation

SUBTOTAL of Receipts This Page (optional).....▶

675.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Galles, Roger, , ,

Mailing Address 109 NE 140th Ave

City
PortlandState
ORZip Code
97448-9316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period

125.00

☐ Memo Item
donation total \$225

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hall, George, , ,

Mailing Address PO Box 989

City

Mt. Angel

State

OR

Zip Code

97362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period

250.00

☐ Memo Item
donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kukkeler, Keith, , ,

Mailing Address 28780 Jager Lane

City

Junction City

State

OR

Zip Code

97448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Landscaping

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2016

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period

250.00

☐ Memo Item
donation

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Konnie, Larry, , ,

Mailing Address PO Box 309

City
NotiState
ORZip Code
97461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Swanson Brothers Lumber Co

Occupation (for Individual)

Mill worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2016

Transaction ID : SA11Al.4722

Amount of Each Receipt this Period

250.00

☐ Memo Item
donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LeMire, Ben, , ,

Mailing Address 2660 Eastlake Dr SE

City
SalemState
ORZip Code
97306-2504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Salem Hospital

Occupation (for Individual)

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11Al.4667

Amount of Each Receipt this Period

100.00

☐ Memo Item
donation total \$300.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Redmond, Christopher, , ,

Mailing Address 7470 SW Alpine Dr

City
BeavertonState
ORZip Code
97008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ProKarma

Occupation (for Individual)

Computer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11Al.4592

Amount of Each Receipt this Period

250.00

☐ Memo Item
donation

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Young, Leah, , ,

Mailing Address 18140 SE Clay St

City
Portland

State
OR

Zip Code
97233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Home Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2016

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period

250.00

☐ Memo Item
donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zuidema, Jeremy, , ,

Mailing Address 14655 Libby Lane

City
Jefferson

State
OR

Zip Code
97352

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
High Caliber Transloading & St

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period

800.00

☐ Memo Item
donation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

4170.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Audience PartnersMailing Address 414 Commerce Drive
Suite 100City
Fort WashingtonState
PAZip Code
19034Purpose of Disbursement
digital advertising

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : SB21B.4680

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Columbia Bank

Mailing Address 4260 River Rd N

City
KeizerState
ORZip Code
97303Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2016					

FEC Identification Number

C

Transaction ID : SB21B.4712

Amount of Each Disbursement this Period

33.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. De Lage Landin

Mailing Address PO Box 41602

City
PhiladelphiaState
PAZip Code
19101-1602Purpose of Disbursement
Equipment

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : SB21B.4677

Amount of Each Disbursement this Period

347.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2880.89

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Diana Nashif Design Studios

Mailing Address 6825 N 72nd Pl

City
ScottsdaleState
AZZip Code
85250Purpose of Disbursement
website

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4710

Amount of Each Disbursement this Period

112.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City
PortlandState
ORZip Code
97230Purpose of Disbursement
consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4700

Amount of Each Disbursement this Period

2200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gateway Communications, Inc

Mailing Address 16805 NE Mason Court

City
PortlandState
ORZip Code
97230Purpose of Disbursement
fundraising

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4701

Amount of Each Disbursement this Period

4086.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6398.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Harris, Berne Christensen, LLP

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		25		2016

Mailing Address 5000 Meadows Road
Suite 400City
Lake OswegoState
ORZip Code
97035Purpose of Disbursement
legal fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4707

Amount of Each Disbursement this Period

2980.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harris, Berne Christensen, LLP

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		15		2016

Mailing Address 5000 Meadows Road
Suite 400City
Lake OswegoState
ORZip Code
97035Purpose of Disbursement
legal fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4708

Amount of Each Disbursement this Period

6465.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kilada, David, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		01		2016

Mailing Address 4335 River Rd N

City
KeizerState
ORZip Code
97303Purpose of Disbursement
website security scan

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

85.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

9531.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Kilada, David, , ,

Mailing Address 4335 River Rd N

City
KeizerState
ORZip Code
97303Purpose of Disbursement
facebook ads

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4739

Amount of Each Disbursement this Period

160.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kilada, David, , ,

Mailing Address 4335 River Rd N

City
KeizerState
ORZip Code
97303Purpose of Disbursement
facebook ads

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4702

Amount of Each Disbursement this Period

414.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. New Media Northwest

Mailing Address PO Box 17727

City
SalemState
ORZip Code
97305Purpose of Disbursement
e-communications

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4687

Amount of Each Disbursement this Period

103.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

679.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Oregon Right To Life

Mailing Address 4335 River Road North

City
SalemState
ORZip Code
97303Purpose of Disbursement
supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4685

Amount of Each Disbursement this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Oregon Right To Life

Mailing Address 4335 River Road North

City
SalemState
ORZip Code
97303Purpose of Disbursement
bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4738

Amount of Each Disbursement this Period

81.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Oregon Right To Life Education Foundation

Mailing Address 4335 River Rd North

City
SalemState
ORZip Code
97303Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4686

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

664.73

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address 1050 Sunnyview Rd NE

City
SalemState
ORZip Code
97301Purpose of Disbursement
postage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4709

Amount of Each Disbursement this Period

130.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Bopp Law FirmMailing Address The National Building
1 South Sixth StreetCity
Terre hauteState
INZip Code
47807-3510Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4678

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2130.81

22285.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. unitemized donations

Mailing Address

City

State

Zip Code

Purpose of Disbursement
misdirected funds

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
11			13			2016					

FEC Identification Number

C

Transaction ID : SB28A.4714

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

Full Name (Last, First, Middle Initial)

A. Nearman4Oregon

Mailing Address 29993 Maple Dr

City
RainierState
ORZip Code
97048Purpose of Disbursement
State candidate contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

FEC Identification Number

C**Transaction ID : SB29.4674**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Oregon Right To Life Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Harris, Berne Christensen, LLP

Nature of Debt (Purpose):
legal feesMailing Address 5000 Meadows Road
Suite 400City
Lake OswegoState
ORZip Code
97035

Outstanding Balance Beginning This Period

2980.50

Transaction ID : SD10.4542

Amount Incurred This Period

0.00

Payment This Period

2980.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00592303 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Kilada, David, , ,			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 4335 River Rd N			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City Keizer	State OR	Zip Code 97303	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48.58 </div>		
Purpose of Expenditure reimbursement for FaceBook ads		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.4697 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: WILLIS, COLM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: OR		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">159484.77</div>		

Full Name of Payee <input type="checkbox"/> Memo Item Kilada, David, , ,			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 4335 River Rd N			<input type="text"/> / <input type="text"/> / <input type="text"/>		
City Keizer	State OR	Zip Code 97303	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2.69 </div>		
Purpose of Expenditure reimbursement for facebook ads		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.4698 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: WILLIS, COLM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: OR		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">159487.46</div>		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.27</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Atteberry, Gayle, , , [Electronically Filed]
 Signature Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00592303 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 											
Full Name of Payee <input type="checkbox"/> Memo Item Kilada, David, , ,				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
Mailing Address 4335 River Rd N				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
City Keizer		State OR		Zip Code 97303							
Purpose of Expenditure reimbursement for facebook ads				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support WILLIS, COLM, , , <input type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">159578.22</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item New Media Northwest				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
Mailing Address PO Box 17727				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							
City Salem		State OR		Zip Code 97305							
Purpose of Expenditure email communications				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>							
Name of Federal Candidate: <input type="checkbox"/> Support SCHRADER, KURT, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">159223.90</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">253.66</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	253.66	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	253.66										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Atteberry, Gayle, , , [Electronically Filed] Signature				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00592303 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Pike, Liberty, , ,				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 16052 S. Springwater Rd				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">198.89</div>	
City Oregon City		State OR		Zip Code 97045	
Purpose of Expenditure reimbursement for Facebook ads				Category/Type 004	
Name of Federal Candidate: SCHRADER, KURT, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 159422.79				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Pike, Liberty, , ,				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 16052 S. Springwater Rd				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.40</div>	
City Oregon City		State OR		Zip Code 97045	
Purpose of Expenditure reimbursement for Facebook ads				Category/Type 004	
Name of Federal Candidate: SCHRADER, KURT, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 159436.19				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">212.29</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Atteberry, Gayle, , , Signature				Date MM / DD / YYYY 12 / 07 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Oregon Right To Life Victory PAC				FEC IDENTIFICATION NUMBER ▼ C C00592303	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Pike, Liberty, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016		
Mailing Address 16052 S. Springwater Rd			Amount 85.86		
City Oregon City	State OR	Zip Code 97045	Transaction ID : SE.4703		
Purpose of Expenditure reimburse for facebook ads		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2016		
Name of Federal Candidate: SCHRADER, KURT, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 159664.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Political Communications Advertising <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2016		
Mailing Address 37 West 39th St, Suite 602			Amount 5000.00		
City New York	State NY	Zip Code 10018	Transaction ID : SE.4683		
Purpose of Expenditure TV Ad Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Name of Federal Candidate: SCHRADER, KURT, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 159061.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			5085.86		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			5603.08		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Atteberry, Gayle, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 07 / 2016	